02/08/2011 10:54

Image# 11990204742

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only
1
1
DC 20024
STATE A ZIPCODE A
AMENDED (A)
Aug 20 (M8) Nov 20 (M11) (Non-Election
Year Only) Dec 20 (M12)
Sep 20 (M9) (Non-Election 'Year Only) Oct 20 (M10) Jan 31 (YE)
Cot 20 (WTO) Cart of (T2)
General (12G) Runoff (12R)
Special (12S)
in the
State of
Runoff (30R) Special (30S)
in the State of
31 2011
and complete.
ate 02 08 2011
s Report to the penalties of 2 U.S.C 437a.

1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT ₩	Example:If typing, type over the lines		
1	THE AMERICAN CONGRE	SS OF OB-GYNS PAC (OB-GY	N PAC)		1
AD	DRESS (number and street)	409 12TH STREET, SW			
	Check if different than previously reported. (ACC)	WASHINGTON		DC 20024	
2.	FEC IDENTIFICATION NUM	IBER ♥ CITY	(A	STATE A ZIPO	ODE A
	C00364158	3. IS	THIS EPORT X NEW (N) OR	AMENDED (A)	
4.	TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Control of the control of the co	Apr 2 (c) 12-Day PRE-Election Report for the: (d) 30-Day Post -Election Report for the:	General (30G)	H	Special (30S)
Тур	pe or Print Name of Treasurer		through 0 1 wledge and belief it is true, correct		2011
	Office Use Only	neous, or incomplete information	may subject the person signing t	FEC FO (Rev. 12/	RM 3X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2/32

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

D D " D 0 1 0 1 2011 0.1 3 1 2011 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2011 Y 231135.44 January 1 (b) Cash on Hand at 231135.44 Begining of Reporting Period 43588.33 43588.33 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 274723.77 274723.77 6(a) and 6(c) for Column B) 29953.75 29953.75 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 244770.02 244770.02 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 32

Write or Type Committee Name

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Report Covering the Period:

From:

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2 0 1 1

та.

м м 0 1 ^D 31

Y Y Y Y 2 0 1 1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	34720.00	34720.00
(ii) Unitemized	8868.33	8868.33
(iii) TOTAL (add Lines 11(a)(i) and (ii)	43588.33	43588.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	43588.33	43588.33
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
O. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	43588.33	43588.33
. Total Federal Receipts (subtract Line 18(c) from Line 19)	43588.33	43588.33

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/32

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		-1
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	453.75	453.75
	Expenditures(c) Total Operating Expenditures	433.73	400.70
	(add 21(a)(i), (a)(ii) and (b))	453.75	453.75
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Committees	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	29500.00	29500.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
	(add Lines 20(a), (b), and (c))		
9.	Other Disbursements	0.00	0.00
80.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
21	Total Disbursements (add Lines 21(c), 22,		
J I .	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	29953.75	29953.75
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	20052.75	20052.75
	from Line 31)	29953.75	29953.75

DETAILED SUMMARY PAGE

of Disbursements

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	43588.33	43588.33
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
3 5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	43588.33	43588.33
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	453.75	453.75
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	453.75	453.75

FE6AN026

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may no g the name and addres	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF	OB-GYNS PAC (C	DB-GYN PAC)	
Full Name (Last, First, Middle Initial) FOUAD M. ABBAS			Date of Receipt
Mailing Address 2411 WEST BELV	01 28 2011		
City BALTIMORE	State MD	Zip Code 21215	Transaction ID: SA11AI.20903 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer SINAI HOSPITAL	Occupation PHYSICIAN	I	
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) THADDEUS L. ANDERSON			Date of Receipt
Mailing Address 2350 SIMPSON STREET			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City DUBUQUE	State IA	Zip Code 52003	Transaction ID: SA11AI.20805 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	32003	270.00
Name of Employer DUBUQUE OB/GYN	Occupation PHYSICIAN		
Receipt For: Primary General Other (specify) ▼	- + ·	ear-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) THOMAS F. ARNOLD			Date of Receipt
Mailing Address 1145 14TH AVENUE WEST			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City DICKINSON	State ND	Zip Code	Transaction ID: SA11AI.20904
FEC ID number of contributing federal political committee.	C	58601	Amount of Each Receipt this Period 260.00
Name of Employer MEDICAL CENTER ONE	Occupation PHYSICIAN	I	7
Receipt For: Primary General Other (specify) ▼		ear-to-Date ▼ 260.00	
	ı		1530.00

SCHEDULE A (FEC Form STEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 32 (check only one) X		
or for commercial purposes, other than us	and Statements may not be sold or used by any personing the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS O	F OB-GYNS PAC (OB-GYN PAC)			
Full Name (Last, First, Middle Initial) COLLEEN P. BEGLEY		Date of Receipt		
Mailing Address 2172 PINON CIF City	State Zip Code	0 1 3 1 2 0 1 1 Transaction ID: SA11Al.20971		
ERIE	CO 80516	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	500.00		
Name of Employer WOMEN'S HEALTH GROUP	Occupation PHYSICIAN			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) ROBERT B. BEIM		Date of Receipt		
Mailing Address 190 GREENBRC	0 1 2 0 Y Y Y Y Y			
City	State Zip Code	Transaction ID: SA11AI.20883		
NORTH PLAINFIELD	NJ 07060	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) RANDOLPH B. BOURNE		Date of Receipt		
Mailing Address 5020 BAKER AV	Mailing Address 5020 BAKER AVENUE			
City	State Zip Code	Transaction ID: SA11AI.20972		
SEATTLE	WA 98107	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer SOUND WOMEN'S CARE	Occupation PHYSICIAN			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (ontic	onal)	1000.00		
	umber only)			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 32 (check only one) X 11a
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma he name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
_	THE AMERICAN CONGRESS OF O	B-GYNS PAC	C (OB-GYN PAC)	
A.	Full Name (Last, First, Middle Initial) JAMES T. BREEDEN Mailing Address 1200 NORTH MOUN	ITAINI STREE	:T	Date of Receipt
		TAIN OTTILL		01 04 2011
	City CARSON CITY	State NV	Zip Code 89703	Transaction ID: SA11AI.20831
	FEC ID number of contributing federal political committee.	C	89703	Amount of Each Receipt this Period 1000.00
	Name of Employer CARSON MEDICAL GROUP	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Б.	Full Name (Last, First, Middle Initial) ALBERT L. BROOKS Mailing Address 2000 MOWRY AVENUE			Date of Receipt
	Walling Address 2000 MOWNT AVEN	01 11 2011		
	City	State	Zip Code	Transaction ID: SA11AI.20858
	FREMONT FEC ID number of contributing federal political committee.	CA	94705	Amount of Each Receipt this Period 500.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
с. С.	Full Name (Last, First, Middle Initial) JONATHAN R. BROUGH			Date of Receipt
	Mailing Address 8160 WALNUT HILL LANE			01 21 211
	City DALLAS	State TX	Zip Code 75231	Transaction ID: SA11AI.20931 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer WOMEN'S HEALTH SPECIALISTS PHYSIC			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			2000.00
	TOTAL This Period (last page this line number	er only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OF	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) DONALD K. BRYAN Mailing Address 4361 SAWMILL ROA	D	,	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City COLUMBUS	State OH	Zip Code 43220	Transaction ID: SA11AI.20841 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer KINGSDALE GYNECOLOGIC	Occupation PHYSIC	IAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
3.	Full Name (Last, First, Middle Initial) MARY C. BURKE Mailing Address 5506 NORTH LYDEL	L AVENUE		Date of Receipt 0 1 2 8 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.20905
	WHITEFISH BAY	WI	53217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MEDICAL COLLEGE OF WISCON- SIN	Occupation PHYSIC	IAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- :.	Full Name (Last, First, Middle Initial) LONNIE S. BURNETT			Date of Receipt
	Mailing Address 78 CONCORD PARK	01 31 2011		
	City	State	Zip Code	Transaction ID: SA11AI.20973
	NASHVILLE FEC ID number of contributing federal political committee.	C	37205	Amount of Each Receipt this Period 1000.00
	Name of Employer VANDERBILT UNIVERSITY HOS- PITAL	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional) .	1)	2500.00
	TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary	f the Contect of the		
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	g the name and address of any political co	y any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.		
THE AMERICAN CONGRESS OF Full Name (Last, First, Middle Initial)	OB-GYNS PAC (OB-GYN PAC)			
DONALD L. CALZOLAIO				
City AUBURN	State Zip Code NY 13021	0 1 2 6 2 0 1 1 Transaction ID: SA11AI.20871		
FEC ID number of contributing federal political committee.	C 13021	Amount of Each Receipt this Period 300.00		
Name of Employer ST. JOSEPH'S HOSPITAL	Occupation PHYSICIAN			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00.00		
Full Name (Last, First, Middle Initial) PAMELA P. CARBIENER				
Mailing Address 1890 LPGA BOUL		01 / 11 / 2011		
City DAYTONA BEACH	State Zip Code FL 32117	Transaction ID: SA11AI.20859 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer HALIFAX OB/GYN ASSOCIATES	Occupation PHYSICIAN			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	50.00		
Full Name (Last, First, Middle Initial) JOHN A. CARLSON, JR.		Date of Receipt		
Mailing Address 128 BEDENS BRO	OOK ROAD	0 1 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City SKILLMAN	State Zip Code NJ 08558	Transaction ID: SA11AI.20974 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer ST. PETER'S UNIVERSITY	Occupation PHYSICIAN			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	50.00		
SUBTOTAL of Receipts This Page (option	nal)	800.00		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 32 (check only one) X 11a 11b 11c 12
Any information copied from such Reports a	nd Statements may not be sold or used by any pe	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF		to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CHRISTINE H. COMSTOCK		Date of Receipt
Mailing Address 3601 WEST 13 MI	0 1 28 2011	
City	State Zip Code	Transaction ID: SA11AI.20906
ROYAL OAK	MI 48073	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer WILLIAM BEAUMONT HOSPITAL	Occupation PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) PATRICK W. CONNELLY		Date of Receipt
Mailing Address 5171 CUB LAKE F	ROAD	01 / 21 / 2011
City	State Zip Code	Transaction ID: SA11AI.20932
SHOW LOW	AZ 85901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer UNIVERSITY OB/GYN	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) MARK S. DEFRANCESCO		Date of Receipt
Mailing Address 35 TERRELL FAR	M ROAD	01 13 7 2011
City	State Zip Code	Transaction ID: SA11AI.20875
CHESHIRE	CT 06410	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer PHYSICIANS FOR WOMEN'S HE- ALTH	Occupation PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SURTOTAL of Receipts This Dags (antion	al)	2500.00
CODICIAL OF FICCEIPES THIS Fage (Option	ω <i>j</i>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
THE AMERICAN CONGRESS OF OB-	GYNS PAC	C (OB-GYN PAC)	
Full Name (Last, First, Middle Initial) WILLIAM J. DOBAK			Date of Receipt
Mailing Address 495 DEER POINT DRI	0 1 1 4 2 0 1 1		
City	State	Zip Code	Transaction ID: SA11AI.20878
GULF BREEZE	FL	32561	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer SACRED HEART HOSPITAL	Occupatio PHYSIC		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) PATRICIA J. DOLHUN			Date of Receipt
Mailing Address 788 NORTH JEFFERS	ON STREE	Т	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.20958
MILWAUKEE	WI	53202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer MADISON MEDICAL AFFILIATES	Occupatio PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) MARYGRACE ELSON			Date of Receipt
Mailing Address 3661 FOXANA DRIVE			M M / D D / Y Y Y Y Y O D D / 2011
City	State	Zip Code	Transaction ID: SA11AI.20975
IOWA CITY	<u>IA</u>	52246	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer UNIVERSITY OF IOWA HEALTH CARE	Occupatio PHYSIC		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1100.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 32 (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF	OB-GYNS PAC	C (OB-GYN PAC)	
Full Name (Last, First, Middle Initial) ROBIN H. FOGLE			Date of Receipt
Mailing Address 4162 NORTH STR	RATFORD ROAD)	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ATLANTA	State GA	Zip Code 30342	Transaction ID: SA11AI.20976 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ATLANTA CENTER	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address 1245 16TH STREE	ET		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.20885
SANTA MONICA FEC ID number of contributing federal political committee.	CA	90404	Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) HARTAJ GILL			Date of Receipt
Mailing Address 401 EAST 34TH S	STREET		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City NEW YORK	State NY	Zip Code 10016	Transaction ID: SA11AI.20977
FEC ID number of contributing federal political committee.	C	10010	Amount of Each Receipt this Period 250.00
Name of Employer NEW YORK UNIVERSITY	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)		750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS Any information copied from such Reports or for commercial purposes, other than up	Use separate schedule(s) for each category of the Detailed Summary Page s and Statements may not be sold or used by any persoing the name and address of any political committee to	FOR LINE NUMBER: PAGE 14 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	OF OB-GYNS PAC (OB-GYN PAC)	Solicit Contributions from Such Committee.
Full Name (Last, First, Middle Initial) LINDA GOODRUM Mailing Address 5124 HIDDEN BI	ROOK LANE	Date of Receipt
City	State Zip Code	01 31 2011
LEAGUE CITY	TX 77573	Transaction ID: SA11AI.20978 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) COLE D. GREVES	'	Date of Receipt
Mailing Address 3054 ASPEN LA		0 1 1 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BLAINE	State Zip Code MN 55449	Transaction ID: SA11AI.20809
FEC ID number of contributing federal political committee.	C SS449	Amount of Each Receipt this Period 270.00
Name of Employer ALLINA HOSPITALS & CLINICS	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) WESLEY W. HEDGES		Date of Receipt
Mailing Address P.O. BOX 677		M M / D D / Y Y Y Y Y O D D / Y D D D D D D D D D D D D D D D D
City TIFFIN	State Zip Code OH 44883	Transaction ID: SA11AI.20850 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer PERSONAL TOUCH DELIVERIES	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	onal)	2270.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF	and Statements may not be sold or used by any person the name and address of any political committee to COR-GYNS PAC (OR-GYN PAC)	
Full Name (Last, First, Middle Initial) AMY E. HOFFMAN Mailing Address 1738 WEST DIVER City CHICAGO FEC ID number of contributing federal political committee.	, , , , , , , , , , , , , , , , , , ,	Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer WOMEN FIRST SPECIALISTS Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) JOHN C. JENNINGS Mailing Address 120 LANAI DRIVE		Date of Receipt 0 1 2 8 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.20908
ODESSA FEC ID number of contributing federal political committee.	TX 77573	Amount of Each Receipt this Period 1000.00
Name of Employer TEXAS TECH UNIVERSITY	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) KETAN JOBANPUTRA		Date of Receipt
Mailing Address P.O. BOX 5310		M M / D D / Y Y Y Y Y Y O 1 1 0 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.20851
VILLA PARK FEC ID number of contributing federal political committee.	IL 60181	Amount of Each Receipt this Period 250.00
Name of Employer CHICAGO INFERTILITY ASSOC- IATES	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF CO	ne name and address of any political committe	person for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) DAPHNE L. JONES Mailing Address 1536 CLAY AVENUE City RUSSELLVILLE FEC ID number of contributing federal political committee. Name of Employer AZALEA OB/GYN Receipt For:	State Zip Code AL 35653 C Occupation PHYSICIAN Aggregate Year-to-Date	Date of Receipt M M D D Z Z D Transaction ID: SA11AI.20979 Amount of Each Receipt this Period 250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) JOHNNIE E. JONES Mailing Address 2590 EDMONDTON	250.00 ROAD	Date of Receipt M M D D Y Y Y Y Y Y Y Y
City FAYETTEVILLE FEC ID number of contributing federal political committee. Name of Employer JONES CENTER Receipt For: Primary General Other (specify) ▼	State Zip Code NC 28306 C Occupation PHYSICIAN Aggregate Year-to-Date 500.00	Transaction ID: SA11AI.20863 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) GERALD F. JOSEPH, JR. Mailing Address 39288 MAGNOLIA T City PONCHATOULA FEC ID number of contributing federal political committee. Name of Employer OCHSNER MEDICAL CENTER Receipt For: Primary General Other (specify)	RACE State Zip Code LA 70454 C Occupation PHYSICIAN Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D D / Y Y Y Y Y O 1 28 2011 Transaction ID: SA11AI.20909 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 32 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF O	ne name and address of any political committee	rson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) HAROLD A. KAMINETZKY Mailing Address 26 YARMOUTH COL City SCOTCH PLAINS FEC ID number of contributing federal political committee. Name of Employer RETIRED Receipt For: Primary General Other (specify) ▼	State Zip Code NJ 07076 C Occupation PHYSICIAN Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) NARMADHA KUPPUSWAMI Mailing Address 3825 HIGHLAND AV City DOWNER'S GROVE FEC ID number of contributing federal political committee. Name of Employer MIDWEST WOMEN'S OB/GYN Receipt For:	State Zip Code IL 60515 C Occupation PHYSICIAN Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) LIZELLEN LAFOLLETTE Mailing Address 599 SIR FRANCIS D City GREENBRAE FEC ID number of contributing federal political committee.	State Zip Code CA 94904	Date of Receipt M M M / D D / Y Y Y Y Y Y O 1 28 2011 Transaction ID: SA11AI.20911 Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Occupation PHYSICIAN Aggregate Year-to-Date 500.00	1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 32 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF (the name and addre	ess of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DOUGLAS W. LAUBE Mailing Address 2025 JEFFERSON			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MADISON FEC ID number of contributing federal political committee.	State WI	Zip Code 53711	Transaction ID: SA11AI.20810 Amount of Each Receipt this Period 270.00
Name of Employer NATIONAL ACADEMY OF SCIEN- CES Receipt For: Primary General Other (specify)	Occupation PHYSICIAI	N ear-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) SUYANG LI Mailing Address 32933 49TH PLACE	E, SW		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City FEDERAL WAY	State WA	Zip Code 98023	Transaction ID: SA11AI.20980 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer FEDERAL WAY WOMEN'S HEALTH Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAI Aggregate Y	N ear-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) DENNIS J. LUTZ Mailing Address 433 7TH STREET, I	NW		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City MINOT	State ND	Zip Code 58703	Transaction ID: SA11AI.20981 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer UNIVERSITY OF NORTH DAKOTA	Occupation PHYSICIAI		
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	`		1020.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	f	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 32 (check only one) X
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF	ng the name and addres	s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) HOWARD C. MANDEL Mailing Address 10000 CANTA M			Date of Receipt
Mailing Address 10309 SANTA MO City LOS ANGELES	State CA	Zip Code 90025	Transaction ID: SA11AI.20913 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90025	1000.00
Name of Employer SELF-EMPLOYED Receipt For: Primary General	Occupation PHYSICIAN Aggregate Yea	ar-to-Date ▼ 1000.00	1
Other (specify) ▼ Full Name (Last, First, Middle Initial) NANCY B. MATHEWS Mailing Address 5208 DAVENPOF	RT STREET	0 0 0 0 0 0	Date of Receipt
City OMAHA	State NE	Zip Code 68132	Transaction ID: SA11AI.20915 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer METHODIST PHYSICIANS CLINIC Receipt For: Primary General	Occupation PHYSICIAN Aggregate Yea		500.00
Full Name (Last, First, Middle Initial) MARYANN E. MILLAR-KAVEY Mailing Address 1200 EAST GENI	ESEE STREET		Date of Receipt
City SYRACUSE	State NY	Zip Code 13210	Transaction ID: SA11AI.20983 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer ST. JOSEPH'S HOSPITAL	Occupation PHYSICIAN		
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optio	nal)		2500.00

ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 32 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF	OB-GYNS PAC	(OB-GYN PAC)	
Full Name (Last, First, Middle Initial) ROBERT D. MIXSON			Date of Receipt
Mailing Address 104 LAKESHORE	DRIVE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ST. MARY'S	State GA	Zip Code 31558	Transaction ID: SA11AI.20960 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DAVID H. MOORE			Date of Receipt
Mailing Address 12505 RICHLANE	DRIVE		M M / D D / Y Y Y Y Y Y X X X X X X X X X X X X X
City INDIANAPOLIS	State IN	Zip Code 46236	Transaction ID: SA11AI.20984 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10200	250.00
Name of Employer GYNECOLOGIC ONCOLOGY	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JOEL G. MORANZ			Date of Receipt
Mailing Address 59 SLEEPY HOLLO	OW DRIVE		01 28 2011
City NEWTOWN SQUARE	State PA	Zip Code 19073	Transaction ID: SA11AI.20917
FEC ID number of contributing federal political committee.	C	19073	Amount of Each Receipt this Period 500.00
Name of Employer CROZER KEYSTONE HEALTH	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (options	<u> </u>		1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 32 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may g the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF	OB-GYNS PAC	(OB-GYN PAC)	
Full Name (Last, First, Middle Initial) CASEY M. MORRIS			Date of Receipt
Mailing Address 6373 HAMPSHIRE	COURT		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LISLE	State IL	Zip Code 60532	Transaction ID: SA11AI.20923 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer WEST SUBURBAN OB/GYN	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MILINDA M. MORRIS			Date of Receipt
Mailing Address 1606 FAIRWAY D	RIVE		0 1 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CORINTH	State TX	Zip Code 76210	Transaction ID: SA11AI.20813
FEC ID number of contributing federal political committee.	C	70210	Amount of Each Receipt this Period 250.00
Name of Employer TEXAS TECH UNIVERSITY	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	- t	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) WADE A. NEIMAN			Date of Receipt
Mailing Address 1300 CRENSHAW	COURT		M M / D D / Y Y Y Y Y O D D / 2011
City	State	Zip Code	Transaction ID: SA11AI.20985
LYNCHBURG FEC ID number of contributing federal political committee.	C	24503	Amount of Each Receipt this Period 500.00
Name of Employer WOMEN'S HEALTH SERVICES	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
			1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 32 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MICHAEL P. NIELSEN Mailing Address 21615 SOUTH SH.	ANNON LANE		Date of Receipt
City WEST LINN FEC ID number of contributing	State OR	Zip Code 97068	Transaction ID: SA11AI.20842 Amount of Each Receipt this Period 500.00
Receipt For: Primary Other (specify)	Occupation PHYSICI Aggregate		300.00
Full Name (Last, First, Middle Initial) KATHLEEN D. O'CONNOR Mailing Address 518F 115TH STRE	EET		Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
City FLUSHING FEC ID number of contributing federal political committee.	State NY	Zip Code 11356	Transaction ID: SA11AI.20854 Amount of Each Receipt this Period 1000.00
Name of Employer QUEENS MEDICAL GROUP Receipt For: Primary General Other (specify) ▼	Occupation PHYSICI Aggregate]
Full Name (Last, First, Middle Initial) NISHA N. PATEL Mailing Address P.O. BOX 70			Date of Receipt 0 1 1 0 2 0 1 1
City MARION FEC ID number of contributing federal political committee.	State NC	Zip Code 28752	Transaction ID: SA11AI.20814 Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED Receipt For:	Occupation PHYSICI Aggregate		
Primary General Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (options	al)		1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate for each categ Detailed Sumi	gory of the X 11a 11b 11c 12
or for commercial purposes, other than using	d Statements may not be sold or us the name and address of any polition	sed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF C	DB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial) STEVEN W. REMMENGA		Date of Receipt
Mailing Address 16995 PRINCETON		01 28 2011
City	State Zip Code	Transaction ID: SA11AI.20918
ADAMS FEC ID number of contributing federal political committee.	NE 68301	Amount of Each Receipt this Period 500.00
Name of Employer UNIVERSITY OF NEBRASKA	Occupation PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		500.00
Full Name (Last, First, Middle Initial) JOHN P. SAUTER		Date of Receipt
Mailing Address 47 MORRISON HIL	_ DRIVE	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.20839
LITTLETON	NH 03561	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
Full Name (Last, First, Middle Initial) MATTIE M. SCOTT		Date of Receipt
Mailing Address 8220 SOUTH SAGI	NAW STREET	0 1 2 4 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.20943
GRAND BLANC	MI 48439	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer GRAND BLANC OB/GYN	Occupation PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		250.00
		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 24 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF O	ne name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) BARRY D. SMITH Mailing Address P.O. BOX 238		Date of Receipt
City	State Zip Code	0 1 3 1 2 0 1 1 Transaction ID: SA11AI.20986
NORWICH FEC ID number of contributing federal political committee.	VT 05055	Amount of Each Receipt this Period 250.00
Name of Employer DARTMOUTH HITCHCOCK CLINIC	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) KIRSTEN M. SMITH Mailing Address 6 CAPITOL PLACE		Date of Receipt
City NEWARK	State Zip Code DE 19711	Transaction ID: SA11AI.20987 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer CHRISTIANA CARE	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) CHARLES M. STEDMAN		Date of Receipt
Mailing Address 18 IDLEWOOD PLA	CE	01 10 / Y Y Y Y Y Y Y
City RIVER RIDGE	State Zip Code LA 70123	Transaction ID: SA11AI.20817 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer WOMEN'S HOSPITAL	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 32 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	the name and addr	ress of any political committee to	on for the purpose of soliciting contributions
THE AMERICAN CONGRESS OF C	DB-GYNS PAC	(OB-GYN PAC)	
JOANNE L. STONE Mailing Address 5 EAST 98TH STRE			Date of Receipt
City	State	Zip Code	0 1 2 5 2 0 1 1 Transaction ID: SA11Al.20961
NEW YORK	NY	10029	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10025	1000.00
Name of Employer MT. SINAI MEDICAL CENTER	Occupation PHYSICIA		7
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) LAURA R. STONE			Date of Receipt
Mailing Address 205 SOUTH WHITIN			01 20 7 2011
City	State	Zip Code	Transaction ID: SA11AI.20893
ALEXANDRIA FEC ID number of contributing federal political committee.	C	22304	Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIA		7
Receipt For: Primary General Other (specify) ▼	Aggregate '	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JANETTE H. STRATHY			Date of Receipt
Mailing Address 3209 GALLERIA			M M / D D / Y Y Y Y Y Y A D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.20988
EDINA	MN	55435	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer PARK NICOLLET CLINIC	Occupation PHYSICIA		
Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional))		2250.00

ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 32 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF	OB-GYNS PAC	(OB-GYN PAC)	
Full Name (Last, First, Middle Initial) KAREN G. SWENSON			Date of Receipt
Mailing Address 1305 WEST 34TH	STREET		0 1 1 1 2 0 1 1
City AUSTIN	State TX	Zip Code 78705	Transaction ID: SA11AI.20865 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer WOMEN PARTNERS IN HEALTH	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DOUGLAS J. THOMPSON			Date of Receipt
Mailing Address 11309 PENFIELD			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ALBUQUERQUE	State NM	Zip Code 87111	Transaction ID: SA11AI.20818 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	07111	250.00
Name of Employer CENTER FOR REPRO MEDICINE	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) STEVEN A. THOMPSON			Date of Receipt
Mailing Address 10175 LEVON AVE	NUE		0 1 1 1 2 0 1 1
City TRUCKEE	State CA	Zip Code 96161	Transaction ID: SA11AI.20867
FEC ID number of contributing federal political committee.	C	30101	Amount of Each Receipt this Period 250.00
Name of Employer TAHOE FOREST WOMEN'S CARE	Occupation PHYSICI		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
			750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Reports	for each category of the Detailed Summary Page and Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 27 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	ng the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ANDREW A. TOLEDO	N DDW5	Date of Receipt
Mailing Address 110 LAKE HEARI	N DRIVE	01 28 2011
City	State Zip Code	Transaction ID: SA11AI.20919
ATLANTA	GA 30342	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) ROBERT L. TRUE		Date of Receipt
Mailing Address 5203 HERITAGE	AVENUE	M M / D D / Y Y Y Y Y Y Y Y Y Z D 1 1
City	State Zip Code	Transaction ID: SA11AI.20934
COOLEYVILLE	TX 76034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DONALD F. WEBER		Date of Receipt
Mailing Address 1400 BELLINGER	R STREET	0 1 2 8 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.20920
EAU CLAIRE	WI 54702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer LUTHER MIDELFORT CLINIC	Occupation PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SURTOTAL of Receipts This Page (antio	nal)	2000.00
CODICIAL OF FICCOIPES THIS Fage (OPLIO	<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 32 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF O			
Full Name (Last, First, Middle Initial) RICHARD A. WILLIAMS		, (65 6 1111)	Date of Receipt
Mailing Address 1334 WEST COVINA	N BOULEVAR	D	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.20856
SAN DIMAS	CA	91773	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SELF-EMPLOYED	Occupatio PHYSICI		7
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00]
Full Name (Last, First, Middle Initial) MARY C. YANKASKAS			Date of Receipt
Mailing Address 1265 VISCAYA BOU	LEVARD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.20938
CAPE CORAL	<u>FL</u>	33990	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer PHYSICIANS PRIMARY CARE	Occupatio PHYSICI		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) JOAN H. ZEIDMAN			Date of Receipt
Mailing Address 5038 BRITTANY LAN	NE		01 31 7 2011
City	State	Zip Code	Transaction ID: SA11AI.20989
BRYN MAWR FEC ID number of contributing federal political committee.	C	19010	Amount of Each Receipt this Period 500.00
Name of Employer BRYN MAWR WOMEN'S HEALTH	Occupatio		
Receipt For: Primary General Other (specify)	PHYSICI Aggregate	AN P Year-to-Date ▼ 500.00]
SUBTOTAL of Receipts This Page (optional)			1000.00
- CODITINE OF TRECEIPES THIS Page (optional)			34720.00

State:

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District:

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		Use separate schedule(s) (choose					LINE NUMBER: PAGE 29 / 32 k only one)								32			
H	EMIZED DIS	BURSEMEN	ITS		category of th Summary Pa		X	21b 27	Н	22 28a	П	23 28b		24 28c	Н	25 29		26 30b
	y Information copied for commercial purpo			•			•				•			_				
\rangle	NAME OF COMMITHE AMERICAN	` ,	F OB-GYN	NS PAC (OB-GYN P	AC)												
	Full Name (Last, Fir FIRST NATIONA Mailing Address	. ,		NS						Date		sburs	_	BB21E		799 0 1 1	Y	
	City OMAHA			State NE	Zip Code 68197					Amou	int of	Each	Dis	burser		t this F		d
	Purpose of Disburs CREDIT CARD TR		S								-				3	12.30		
	Candidate Name						ateg Typ	•										
	Office Sought:	House Senate President	Disburser	ment For: Primary Other (spe	Gene	eral												

SUBTOTAL of Disbursements This Page (optional)	>	312.38
TOTAL This Period (last page this line number only)	—	312.38

Detailed Summary Page	SCHEDULE B (FEC Form 3. TEMIZED DISBURSEMENT	' Use separate schedule	e(s) (check only	NUMBER: PAGE 30 / 32 y one)
Transaction ID: SB23,20961 Date of Disbursement CONTRIBUTION CONGRESS Mailing Address AB01 MAIN STREET City Senate President State: MI District: 14 City MASHINGTON DISTREST, SE City MASHINGTON DC 20003 Purpose of Disbursement CONTRIBUTION Candidate Name JOHN CONVERS, JR. Office Sought: X House President State: MI District: 14 Full Name (Last, First, Middle Initial) CONVERS P.O. BOX 1738 Category/ Type Transaction ID: SB23,20966 Date of Disbursement this Peric Category/ Type Transaction ID: SB23,20966 Date of Disbursement this Peric Category/ Type Transaction ID: SB23,20966 Date of Disbursement this Peric Category/ Type Amount of Each Disbursement this Peric Category/ Type Transaction ID: SB23,20966 Date of Disbursement this Peric Category/ Type Transaction ID: SB23,20966 Date of Disbursement this Peric Category/ Type Transaction ID: SB23,20966 Date of Disbursement this Peric Category/ Type Transaction ID: SB23,20966 Date of Disbursement this Peric Category/ Type Transaction ID: SB23,20966 Date of Disbursement this Peric Category/ Type Transaction ID: SB23,20966 Date of Disbursement this Peric Category/ Type Transaction ID: SB23,20966 Date of Disbursement this Peric Category/ Type Transaction ID: SB23,20966 Date of Disbursement this Peric Category/ Type Transaction ID: SB23,20966 Date of Disbursement this Peric Category/ Type Transaction ID: SB23,20966 Date of Disbursement this Peric Category/ Type Transaction ID: SB23,20966 Date of Disbursement this Peric Category/ Type Transaction ID: SB23,20966 Date of Disbursement this Peric Category/ Type Transaction ID: SB23,20966 Date of Disbursement this Peric Ca		Detailed Summary Pag	ge 21b 27	28a 28b 28c 29
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC) Full Name (Last, First, Middle Initial) CLEAVER FOR CONGRESS Mailing Address 4801 MAIN STREET City CKANSAS CITY MO 64112 Purpose of Disbursement CONTRIBUTION Candidate Name EMANUELI CLEAVER, II Office Sought: State: MO District: 05 Full Name (Last, First, Middle Initial) CONTRIBUTION Candidate Name President State: MI District: 14 Full Name (Last, First, Middle Initial) Charl Contribution Candidate Name President State: MI District: 14 Full Name (Last, First, Middle Initial) Category/ Type Disbursement Cother (specify) Amount of Each Disbursement Office Sought: X House Senate President State: MI District: 14 Full Name (Last, First, Middle Initial) Category/ SACRAMENTO CA State: MI District: 14 Full Name (Last, First, Middle Initial) Category/ SACRAMENTO CA State: MI District: 14 Full Name (Last, First, Middle Initial) Category/ SACRAMENTO CA State: MI City SACRAMENTO CA State Senate President City SACRAMENTO CA Senate President City Category/ Type Amount of Each Disbursement this Peric Category/ Type Amount of Each Disbursement Category/ Type Amount of Each Disbursement Disbursement Category/ Type Amount of Each Disbursement Disbursement Disbursement Category/ Type Amount of Each Disbursement this Peric Category/ Type Category/ Type Amount of Each Disbursement this Peric Category/ Type				
Mailing Address 4801 MAIN STREET City State Zip Code KANSAS CITY MO 64112 Purpose of Disbursement CONTRIBUTION Candidate Name Event Control State: MO District: 05 City Senate President State: Amount of Each Disbursement this Period Type City State: MO District: 05 City SASHINGTON DC 20003 Purpose of Disbursement CONTRIBUTION Candidate Name Control State: MO Disbursement For: 2012 Senate President State: Amount of Each Disbursement this Period State S	NAME OF COMMITTEE (In Full)	··		
Mailing Address A801 MAIN STREET State Zip Code Amount of Each Disbursement this Perior Contribution Candidate Name President Shate President Presi				Date of Disbursement
RANSAS CITY	Mailing Address 4801 MAIN STRE	EET		01 01 0 7 2011
CONTRIBUTION Candidate Name EMANUELI CLEAVER, II Office Sought:			_	
EMANUELI CLEAVER, II Office Sought:	CONTRIBUTION			1000.00
Senate President State: MO District: 05 Full Name (Last, First, Middle Initial) CONYERS FOR CONGRESS Mailing Address 1831 BAY STREET, SE City WASHINGTON DC 20003 Purpose of Disbursement CONTRIBUTION Candidate Name JOHN CONYERS, JR. Office Sought: X House President State: MI District: 14 Full Name (Last, First, Middle Initial) MATSUI FOR CONGRESS Mailing Address P.O. BOX 1738 City SACRAMENTO CA 95812 Purpose of Disbursement COXTRIBUTION Candidate Name DORIS MATSUI City State Zip Code Disbursement For: 2012 X Primary General Category/ Type Transaction ID: SB23.20966 Date of Disbursement this Perion Transaction ID: SB23.20966 Date of Disbursement Do 1 M	EMANUELI CLEAVER, II			
Full Name (Last, First, Middle Initial) CONYERS FOR CONGRESS Mailing Address 1831 BAY STREET, SE City WASHINGTON Purpose of Disbursement CONTRIBUTION Candidate Name JOHN CONYERS, JR. Office Sought: X House President State: MI District: 14 Full Name (Last, First, Middle Initial) MATSUI FOR CONGRESS Mailing Address Purpose of Disbursement For: State: Mi District: 14 City SACRAMENTO Candidate Name DORIS MATSUI City SACRAMENTO Candidate Name DORIS MATSUI Office Sought: X House State City SACRAMENTO Candidate Name DORIS MATSUI Office Sought: X Primary Category/ Type Amount of Each Disbursement this Perio Category/ Type Amount of Each Disbursement this Perio Transaction ID: SB23.20966 Date of Disbursement Office Sought: Amount of Each Disbursement Office Sought: Amount of Each Disbursement this Perio Category/ Type Office Sought: X Primary General Other (specify) Type Other (specify)	Senate President	X Primary Gener	ral	
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City WASHINGTON DC 20003 Purpose of Disbursement CONTRIBUTION Candidate Name JOHN CONYERS, JR. Office Sought: X House Senate President State: MI District: 14 Full Name (Last, First, Middle Initial) MATSUI FOR CONGRESS Mailing Address P.O. BOX 1738 City State Zip Code CA 95812 Purpose of Disbursement For: 2012 State Zip Code CA 95812 Amount of Each Disbursement this Peric Category/ Type Transaction ID: SB23.20966 Date of Disbursement Office Sought: X House State Zip Code CA 95812 Purpose of Disbursement Category/ Type Amount of Each Disbursement this Peric Category/ Type Amount of Each Disbursement this Peric Category/ Type Office Sought: X House Disbursement For: 2012 Senate President Other (specify) ▼	,			Date of Disbursement
WASHINGTON Purpose of Disbursement CONTRIBUTION Candidate Name JOHN CONYERS, JR. Office Sought: X House President State: MI District: 14 Full Name (Last, First, Middle Initial) MATSUI FOR CONGRESS Mailing Address P.O. BOX 1738 City SACRAMENTO Purpose of Disbursement CONTRIBUTION Candidate Name DORIS MATSUI Office Sought: X House Senate President State Zip Code CA 95812 Amount of Each Disbursement this Perior Category/ Type Amount of Each Disbursement this Perior Category/ Type Office Sought: X House Senate President Disbursement For: 2012 X Primary General Other (specify) ▼ Amount of Each Disbursement this Perior Category/ Type Office Sought: X House Senate President Other (specify) ▼ Other (specify) ▼ Other (specify) ▼	Mailing Address 1831 BAY STRE	ET, SE		01 31 2011
Contribution Candidate Name JOHN CONYERS, JR. Office Sought:	•			
JOHN CONYERS, JR. Office Sought:	CONTRIBUTION			5000.00
Senate President Other (specify) ▼ State: MI District: 14 Full Name (Last, First, Middle Initial) MATSUI FOR CONGRESS Mailing Address P.O. BOX 1738 City State Zip Code CA 95812 Purpose of Disbursement CONTRIBUTION Candidate Name DORIS MATSUI Office Sought: X House Senate President Senate President X Primary General Other (specify) ▼ Transaction ID: SB23.20966 Date of Disbursement Date of Disbursement Category/ Type Amount of Each Disbursement this Period Category/ Type Other (specify) ▼ Other (specify) ▼	JOHN CONYERS, JR.			
Full Name (Last, First, Middle Initial) MATSUI FOR CONGRESS Mailing Address P.O. BOX 1738 City State Zip Code SACRAMENTO CA 95812 Purpose of Disbursement CONTRIBUTION Candidate Name DORIS MATSUI Office Sought: X House Senate President Disbursement For: 2012 X Primary General Other (specify) Other (specify) Other (specify) Transaction ID: SB23.20966 Date of Disbursement Amount of Each Disbursement this Period Category/ Type	Senate President	X Primary Gener	ral	
Mailing Address P.O. BOX 1738 City State Zip Code SACRAMENTO CA 95812 Purpose of Disbursement CONTRIBUTION Candidate Name DORIS MATSUI Office Sought: X House Senate President President Disbursement For: 2012 X Primary General Other (specify) ▼	Full Name (Last, First, Middle Initial)			
SACRAMENTO CA 95812 Purpose of Disbursement CONTRIBUTION Candidate Name DORIS MATSUI Office Sought: X House Senate President Disbursement For: 2012 X Primary General Other (specify) Type	Mailing Address P.O. BOX 1738			01
CONTRIBUTION Candidate Name DORIS MATSUI Office Sought: X House Senate President Disbursement For: X Primary General Other (specify)				Amount of Each Disbursement this Perio
DORIS MATSUI Office Sought: X House Senate President Disbursement For: X Primary Seneral Other (specify) ▼				1000.00
Senate X Primary General President Other (specify) ▼				
	Senate	X Primary Gener	ral	
	State: CA District: 05			

ITE	HEDULE B (FEC Form	JX) Uses	separate schedule(s	1 -	E NUMBER: PAGE 31/32
	MIZED DISBURSEMEN	TS for ea	ach category of the led Summary Page	(check on 21b 27	nly one) 22
				d by any person	for the purpose of soliciting contributions olicit contributions from such committee
	NAME OF COMMITTEE (In Full)	Ig the hame and ad	uress or arry politica	u committee to s	olicit contributions from such committee
\	THE AMERICAN CONGRESS O	F OB-GYNS PA	C (OB-GYN PAC)	
	Full Name (Last, First, Middle Initial) MENENDEZ FOR SENATE				Transaction ID: SB23.20897 Date of Disbursement
N	Mailing Address ONE GATEWA	Y CENTER			011 / 26 / 2011
	City NEWARK	State NJ	Zip Code 07102		Amount of Each Disbursement this Period
C	Purpose of Disbursement CONTRIBUTION				2500.00
F	Candidate Name ROBERT MENENDEZ	1		Category/ Type	
	Office Sought: House X Senate President	Disbursement Fo X Primar Other			
	State: NJ District: 00 Full Name (Last, First, Middle Initial)				Transaction ID: SB23,20900
	REPUBLICAN MAIN STREET PA	ARTNERSHIP PA	4C		Date of Disbursement
N	Mailing Address 2201 WISCON	SIN AVENUE, N	W		$\begin{bmatrix} 0 & 1 & M & 1 & M & 1 & M & M & M & M & M$
	City WASHINGTON	State DC	Zip Code 20007		Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION				5000.00
_	Candidate Name			Category/ Type	
С	Office Sought: House Senate President	Disbursement Fo			
	State: District: Full Name (Last, First, Middle Initial)				
	SNOWE FOR SENATE				Transaction ID: SB23.20898 Date of Disbursement
S	Mailing Address P.O. BOX 2012	<u>></u>			$\begin{bmatrix} 0 & 1 & M & 1 & M & 1 & M & M & M & M & M$
_	1 .O. DOX 2012				
N C P	City PORTLAND	State ME	Zip Code 04104		
M C P P	City PORTLAND Purpose of Disbursement CONTRIBUTION				Amount of Each Disbursement this Period 5000.00
M C P C C C C	City PORTLAND Purpose of Disbursement CONTRIBUTION Candidate Name DLYMPIA J. SNOWE	ME	04104	Category/ Type	
M C P C C C C	City PORTLAND Purpose of Disbursement CONTRIBUTION Candidate Name	ME Disbursement For Primar	04104 or: 2012		
	City PORTLAND Purpose of Disbursement CONTRIBUTION Candidate Name DLYMPIA J. SNOWE Office Sought: House X Senate	ME Disbursement For Primar	04104 or: 2012 y X General		Amount of Each Disbursement this Period 5000.00

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President District: 06

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N		PAGE 32/32
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only o	ne) 22 X 23 [28a 28b [24 25 26 28c 29 30b
Any Information copied from such Reports and States or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GY	'NS PAC (OB-GYN PAC)			
Full Name (Last, First, Middle Initial) TUESDAY GROUP POLITICAL ACTION Mailing Address P.O. BOX 11586	COMMITTEE		Transaction ID: Date of Disburser	ment
Mailing Address P.O. BOX 11586				2011
City WASHINGTON	State Zip Code DC 20008		Amount of Each [Disbursement this Period
Purpose of Disbursement CONTRIBUTION				5000.00
Candidate Name	l l	ategory/ Type		
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial)			Transaction ID:	SB23 20899
UPTON FOR ALL OF US			Date of Disburser	ment
Mailing Address P.O. BOX 490			01 2	6 2011
City ST. JOSEPH	State Zip Code MI 49085		Amount of Each [Disbursement this Period
Purpose of Disbursement CONTRIBUTION				5000.00
Candidate Name FREDERICK S. UPTON	_	ategory/ Type		
	ement For: 2012 Primary General Other (specify)			

SUBTOTAL of Disbursements This Page (optional)	•	10000.00
TOTAL This Period (last page this line number only)	•	29500.00

State: MI